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Bib Data Sheet

CONFIRMATION NO. 1206

SERIAL NUMBER 10/678,927	FILING DATE 10/03/2003 RULE	CLASS 435 514/6	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 02-896-A
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** CONTINUING DATA ***** *AM*

This appln claims benefit of 60/415,935 10/03/2002

** FOREIGN APPLICATIONS ***** *AM* None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/29/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Abdel A. Mohamed AM</i> Examiner's Signature Initials	IL	4	47	5

ADDRESS

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TITLE

Method for treating patients with massive blood loss

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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